

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | SERIAL NO. | FILING DATE | | |
|--|------|------------------------|------|------------------------|--------------|--------------|------|--|
| | | | | | APPLICANT(S) | | | |
| 122809 CLAIMS | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | | | | | | 51 | | |
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| TOTAL DEP. | | | | | | TOTAL DEP. | | |
| TOTAL CLAIMS | | | | | | TOTAL CLAIMS | | |

6/24/64
**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)**

SERIAL NO. 05060294 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|--|--|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
| 101 | | | 1 | | | | 51 | | | |
| 102 | | | 1 | | | | 52 | | | |
| 103 | | | 1 | | | | 53 | | | |
| 104 | | | 1 | | | | 54 | | | |
| 105 | | | 1 | | | | 55 | | | |
| 106 | | | 1 | | | | 56 | | | |
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| 109 | | | 1 | | | | 59 | | | |
| 110 | | | 1 | | | | 60 | | | |
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| 119 | | | 1 | | | | 69 | | | |
| 120 | | | 1 | | | | 70 | | | |
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| 122 | | | 1 | | | | 72 | | | |
| 123 | | | 1 | | | | 73 | | | |
| 124 | | | 1 | | | | 74 | | | |
| 125 | | | 1 | | | | 75 | | | |
| 126 | | | 1 | | | | 76 | | | |
| 127 | | | 1 | | | | 77 | | | |
| 128 | | | 1 | | | | 78 | | | |
| 129 | | | 1 | | | | 79 | | | |
| 130 | | | 1 | | | | 80 | | | |
| 131 | | | 1 | | | | 81 | | | |
| 132 | | | 1 | | | | 82 | | | |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | |